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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

33774.00.0007

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6.595.475, granted July 22, 2003 and for which a reissue patent is sought on the invention entitled _____,
DISPENSER PLATFORM

the specification of which

☒ is attached hereto.☐ was filed on _____ as reissue application number _____and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

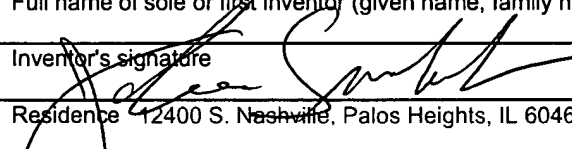
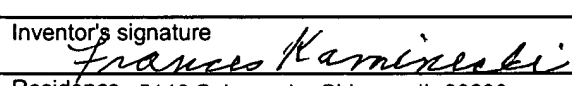
The claims are too narrow. The inventors and the inventors' attorney failed to appreciate the full scope of the disclosure.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional) 33774.00.0007	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.					
Note: To appoint a power of attorney, use form PTO/SB/81.					
Correspondence Address: Direct all communications about the application to:					
<input type="checkbox"/> Customer Number:					
OR					
<input checked="" type="checkbox"/> Firm or Individual Name	Vedder, Price, Kaufman & Kammholz, P.C.				
Address	222 North LaSalle Street, Suite 2600				
Address					
City	Chicago	State	Illinois	Zip	60601
Country	U.S.				
Telephone	(312) 609-7536	Fax	(312) 609-5005		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) John J. Svabek					
Inventor's signature 			Date 3.20.04		
Residence 12400 S. Nashville, Palos Heights, IL 60463			Citizenship U.S.A.		
Mailing Address					
Full name of second joint inventor (given name, family name) Frances Kaminecki, Administrator, Estate of Alex J. Kaminecki					
Inventor's signature 			Date 3.20.04		
Residence 5146 S. Laramie, Chicago, IL 60638			Citizenship U.S.A.		
Mailing Address					
Full name of third joint inventor (given name, family name)					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.					

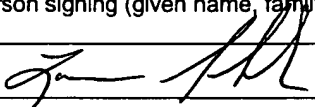
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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional) 33774.00.0007
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Archer Wire International Corporation</u></p> <p>and the title of my position with said assignee is: <u>Vice President of Finance</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>	
Inventor <div style="text-align: center;">John J. Svabek</div>	Citizenship <div style="text-align: center;">U.S.</div>
Residence/Mailing Address <div style="text-align: center;">12400 S. Nashville, Palos Heights, Illinois, 60463</div>	
Inventor <div style="text-align: center;">Alex J. Kaminecki, Deceased</div>	Citizenship <div style="text-align: center;">U.S.</div>
Residence/Mailing Address <div style="text-align: center;">5146 S. Laramie, Chicago, Illinois, 60638</div>	
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.	
Patent Number <div style="text-align: center;">6,595,475</div>	Date of Patent Issued <div style="text-align: center;">July 22, 2003</div>
Title of Invention <div style="text-align: center;">DISPENSER PLATFORM</div>	
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p>_____</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>	

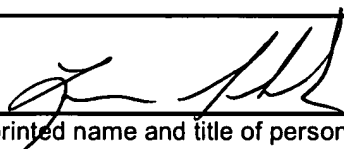
[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 33774.00.0007			
<p>At least one error upon which reissue is based is described as follows:</p> <p style="margin-left: 40px;">The claims are too narrow. The inventors and the inventors' attorney failed to appreciate the full scope of the disclosure.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>					
<p>I hereby appoint:</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input type="checkbox"/> Practitioners at Customer Number: <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 10px;"></div></div> <p style="margin-left: 40px;">OR</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input checked="" type="checkbox"/> Practitioner(s) named below:</div>					
Name		Registration Number			
Joseph P. Krause		32,578			
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>					
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input type="checkbox"/> Customer Number: <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 10px;"></div></div> <p style="margin-left: 40px;">OR</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input checked="" type="checkbox"/> Firm or Individual Name</div>					
Vedder, Price, Kaufman & Kammholz, P.C.					
Address		222 North LaSalle Street, Suite 2600			
Address					
City	Chicago	State	Illinois	Zip	60601
Country		U.S.			
Telephone	(312) 609-7536	Fax	(312) 609-5005		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>					
Full name of person signing (given name, family name)				Larry Svabek	
Signature 				Date 3-23-04	
Address of Assignee				Archer Wire International Corp., 7300 S. Narragansett, Bedford Park, Illinois, 60638	

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 33774.00.0007	
This is part of the application for a reissue patent based on the original patent identified below.			
Name of Patentee(s) John J. Svabek and Alex J. Kaminecki, Deceased			
Patent Number 6,595,475		Date Patent Issued July 22, 2003	
Title of Invention DISPENSER PLATFORM			
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>			
The assignee(s) owning an undivided interest in said original patent is/are <u>Archer Wire International Corp.</u> , and the assignee(s) consents to the accompanying application for reissue.			
Name of assignee/inventor (if not assigned) Archer Wire International Corporation			
Signature 		Date 3-23-04	
Typed or printed name and title of person signing for assignee (if assigned) Larry Svabek, Vice Present - Finance, Archer Wire International Corporation			

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Patent Owner: Archer Wire International CorporationApplication No./Patent No.: Pat. No. 6,595,475 Filed/Issue Date: Issued July 22, 2003Entitled: Dispenser PlatformArcher Wire International Corporation, aCorporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. [☒] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012371, Frame 0014, or for which a copy thereof is attached.

OR

B. [☐] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.


[☐] Additional documents in the chain of title are listed on a supplemental sheet.

[☐] Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2-23-04
Date
1-708-563-1700
Telephone number

Larry Svabek
Typed or printed name

Signature
Vice President, Finance
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**SUPPLEMENTAL DECLARATION
FOR REISSUE
PATENT APPLICATION
TO CORRECT "ERRORS" STATEMENT
(37 CFR 1.175)**

Attorney Docket Number 33774.00.0007

First Named Inventor John J. Svabek

COMPLETE

Application Number

Filing Date

Art Unit

Examiner Name

I/We hereby declare that:

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John J.

Svabek

Inventor's
Signature

Date

3-20-04

Name of Second Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Frances

Kaminecki, Administrator, Estate of Alex J. Kaminecki

Inventor's
Signature

Date

3-20-04

Name of Third Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Name of Fourth Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

☐ Additional inventors or legal representatives(s) are being named on the _____ supplemental sheets PTO/SB/02A or 02LR attached hereto.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: DEC 19 2001

SIGNED: Robert C. Beckhaus

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEASED'S BIRTH NO.
REGISTRATION NO. 16.21
DISTRICT NO.
REGISTERED NUMBER 971

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE
NUMBER

Type or Print in
PERMANENT INK
See Funeral Directors,
Hospital, or Physicians
Handbook for
INSTRUCTIONS

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CAUSE

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DISPOSITION

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DECEASED NAME

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH (MONTH, DAY, YEAR)

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COUNTY OF DEATH

Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

Berwyn

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Chicago, IL

SOCIAL SECURITY NUMBER

350-16-4079

RESIDENCE (STREET AND NUMBER)

5146 S. Laramie

STATE

Illinois

ZIP CODE

60638

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)

White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Married

USUAL OCCUPATION

Chief Engineer

KIND OF BUSINESS OR INDUSTRY

Manufacturing

HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER)

MacNeal Hospital

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

Frances Kornia

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary/Secondary (6-12)

DATE OF BIRTH (MONTH, DAY, YEAR)

March 17, 1924

IF DECEASED EVER IN U.S. ARMED FORCES? (YES NO)

Yes

IF DECEASED EVER IN U.S. AIR FORCE? (YES NO)

Yes

IF DECEASED EVER IN U.S. NAVY? (YES NO)

18. PART I.

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

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19. PART II.

Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I.

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20a.

DATE OF OPERATION, IF ANY

20b.

MAJOR FINDINGS OF OPERATION

20c.

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

Yes

21a.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b.

21c.

21d.

21e.

21f.

21g.

21h.

21i.

21j.

21k.

21l.

21m.

21n.

21o.

21p.

21q.

21r.

21s.

21t.

21u.

21v.

21w.

21x.

21y.

21z.

22a.

22a.

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22b.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

22c.

ILLINOIS LICENSE NUMBER

22d.

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

22e.

22f.

22g.

22h.

22i.

22j.

22k.

22l.

22m.

22n.

22o.

22p.

22q.

22r.

22s.

22t.

22u.

22v.

22w.

22x.

22y.

22z.

23a.